

New York State Thruway Authority

OCCUPANCY PERMIT APPLICATION

For) Hicial	Use Only
New New		Amended
Occupancy P	M strme	umber:
Work Permit	Number:	

APPLICANTS: Please read and complete Sections 1, 2, 4, 5 (print or type) and sign Section 7. Any missing or incorrect information may cause a delay in the processing of your application. Section 1 APPLICANT IDENTIFICATION INFORMATION: (Check one): Individual Business/Corporation ☐ Municipality Other (please describe): Name: Federal ID or SS# 13-3327557 CABLE UISION SYSTEMS CORPORATION Mailing Address: Street YID E. ROUTE Suite or Apt. No. P.O. Box State W.Y. 10954 City/Town/Village NANUET Zip Code Telephone Number: Contact Person Name (please print): Fax Number: 624-3096 ext 1624-3320 Section 2 FACILITY IDENTIFICATION INFORMATION -TYPE OF FACILITY (Check one): LOCATION OF FACILITY [Check one!:

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☐ Water Mains ☐ Talaphone		☑ Underground ☐ Aerial
🔲 Gas Mains 📑 Cable Tel	evision	_ 🗆 Surface 🗀 Bridge Attachment
🖸 Sewers 💢 Electric _	Voltage	_
	se provide brief description and location):	
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Mentebello. AS PE	R PLANS ACCEPTED-AS-NOT	ED BY THRUMY MUTHOR
Section 3	FOR THRUWAY USE ONL	-Y **
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Section 4 PLEASE READ THOROUGHLY BEFORE SIGNING

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Section 5

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ADDITIONAL INFORMATION

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If you need quick and accurate identification of New York State permits necessary for a complex business venture, use the State's Master Application Procedure by dialing 1-800-342-3464 and describing your plans to the Governor's Office of Regulatory Reform (GORR).

> Write or Call the Thruway Division Checked on the Back of this Application. If You Have Further Questions About This Permit,

Section 6	FOR THRU	WAY USE ONLY	Ren The Control of th
Administrative Fee:	Annual Fee required:	Performance Bond:	Security Deposit:
TYES NO	U YES NO	TYES TO NO	☐ YES ☐-NO
2 Original 5 750.00	Original 6	☐ Original \$	Original \$
☐ Amended \$	☐ Amended ⇒	Amended \$	☐ Amended \$
Signature of fee appr	MOVAL	PLEASE PRINT NAME	DATE
Subject to Back Charges:	Subject to Liquidated Damages: U YES UNO	Type of insurance Furnished: O IA-51333	
Condition Rider attached: O YES ONO		Duplicate policy #	
		☐ TA-51318 Engineering Agree	_

Section 7		APPLICA	ANT AFFIR	MATION		1879 - C. V.
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In consideration of conditions therein desc		a permit, the	undersigne	ed hereby accept	ts the same s	bject to the
Dated this	day of	APRIL	<u> </u>	2000 18	- .	
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PLEASE	PAINT NAME					
Section 8		FOR THE	NUWAY US	E ONLY		· · · · · · · · · · · · · · · · · · ·
Permission is hereby referred to as "perm particular location de to the RULES AND FYORK STATE THRU" (TAP-401) and any a terms and conditions	aittee") to procee escribed therein REGULATIONS O WAY AUTHORIT amendments the	d as set fort in accordance OF THE NEW TY OCCUPAL seto which a	h and reprice with the YORK STAND AND are incorporate.	esented in the formap and/or plan ATE THRUWAY WORK PERMIT A rated herein as t	oregoing applicant thereto attace AUTHORITY and ACCOMMODA hough fully se	ched and subject and to the NEW TION POLICY
Dated _ 5 15 62	this	STH	day of	de la companya della companya della companya de la companya della	NATURE .	. <u>2∞</u> ,
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DUSION-DIRECTOR

DIVISION	HIGHWAY SECTIONS	DIVISION MILEPOST LIMITS
New York	New York (Main Line)	0.00 - 76,50
-	Garden State Parkway Connection	G.S. 0.00 - G.S. 2.40 .
	 New England Section 	N.E. 0.17 - N.E. 15.01
	- I-287 Cross Westchester	C.W.E. 0.00 - C.W.E. 10,90
	• I-84	0.00 - 71.46
Albany	Albany (Main Line)	76.50 - 197.90
	→ Berkshire Section	8 0.00 · 8 24.29
Syracuse	Syracuse (Main Line)	197.90 - 350.60
8uffalo	Buffalo (Main Line)	350.60 - 496.00
	 Niagara Section 	N 0.00 - N 21.50
	TELEPHONE NUMBERS AND AC	DDRESSES .
Thruway Division Dire	ctor	Thruway Division Director
New York Division		Albany Division
333 South Broadway		9W, Interchange No. 23
Tarrytown, NY 10591	·	P.O. Box 189
Phone: (914) 524-029		Albany, NY 12201-0189
Fax: (914) 332-850	9	Phone: (518) 436-2999
		Fax: (518) 436-0233
Thruway Division Direc	etor	Thruway Division Director
Syracuse Division		Buffalo Division
Mailing Address: P.O.	Box 308	3901 Genesee Street
East	Syracuse, NY 13057-0308	Cheektowaga, NY 14225-012
Location: 6712 Brookl	ewn Parkway	Phone: (716) 631-9017

NOTE: For the Cross Westchester Expressway (I-287), the New York State Department of Transportation shall issue Occupancy Permits and the Thruway Authority shall issue Work Permits.

New York State Thruv/ay Authority

OCCUPANCY PERMIT APPLICATION

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Application is hereby made by the undersigned in accordance with the map entite plan hereta strached, and subject to the RULES AND REGULATIONS OF THE NEW YORK STATE THRUWAY AUTHORITY and to the NEW YORK STATE THRUWAY AUTHORITY OCCUPANCY AND WORK PERMIT ACCOMMODATION POLICY (TAP-401) and any CONDITION RIDER or prendments thereto forming a part hereof. This applicant will obtain any other consents or permits that may be necessary to accomplish the purposes set furth above, as it is understood that in granting a permit, the New York State Thruway Authority merely expresses its assent in to far as it is suphorized.

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in consideration of the granting of a permit, the undersigned hereby accepts the same subject to the conditions therein described.

Dated this day of	1 <u>9</u> 19 <u>99</u>
x Shanna Channel	Project Engineer
Alex Marketto-Laboutie	

Permission is heroby granted to Secretary Communications and the presented to as "permittee") to proceed as set forth and represented in the foregoing application and at the percicular bacation described therein in accordance with the map end/or plan thereb, strated and subject to the RULES AND REGULATIONS OF THE NEW YORK STATE THRUWAY AUTHORITY and to the NEW YORK STATE THRUWAY AUTHORITY OCCUPANCY AND WORK PERMIT ACCOMMODATION POLICY (TAP-401) and any amendments thereto which are incorporated herein as drough fully set forth and to all terms and conditions set forth in any CONDITION FIDER and all terms attached hereto.

Detect of Bruffalo MY this day of CONDITION FIDER and all terms attached hereto.

Edward M. Slowinski HEAST PROTUBE.

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MEWBU	i A'G-16 ityf I gwn/Yillege		N. V.		Zp Coo
Contact Person Na		Te	ephone Number:	Fex	Number 111 Se
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Section 7	API	PLICANT AFFI	RMATION 🎨	1 1 1 1 1 1 1		(T. #
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and subject to the RULES A						
the NEW YORK STATE THE						
POLICY (TAP-401) and any	CONDITION RIDER	or amendme	nts thereto f	orming a pai	t hereof	f. This applican
will obtain any other consen	its or permits that	may be neces:	sary to accor	mplish the p	urposes	set forth above
as it is understood that in gr	anting a permit, th	a New York S	itate Thruwa	y Authority	merely (expresses its
assent in so far as it is autho	oriz ed.					
In consideration of the gr	ranting of a permit,	the undersign	ned hereby a	coepts the s	ame sui	bject to the
conditions therein described.	-	•	•			
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SIGNATURE OF AF	PUGANT			TITLE (if applica	ble)	

Section 8	FOR THRUWAY USE ONLY	
referred to as "permittee") to properticular location described the to the RULES AND REGULATION YORK STATE THRUWAY AUTH (TAP-401) and any amendments	HUDSON VALLEY DARAURT occord as set forth and represented in the rein in accordance with the map and/or plus OF THE NEW YORK STATE THRUWAY ORITY OCCUPANCY AND WORK PERMITS thereto which are incorporated herein as any CONDITION RIDER and all terms att	an thereto attached and subject of AUTHORITY and to the NEW ACCOMMODATION POLICY though fully set forth and to all
·	2970 day of SEPTEM	
OK g /29/00		SIGNATURE
·•	RAYES H	LENTA PE
	T. noisnora	RECTOR

Section 4

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Section 5

ADDITIONAL INFORMATION

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If You Have Further Questions About This Permit.

Section 6	FOR THRUV	VAY USE ONLY	
Administrative Fee:	Annual Fee required:	Performance Bond:	Security Deposit:
@ Y55 D NO	TYES WO	U YES B NO	D YES TO NO
B Original s 750,00	Original \$	□ Original \$	☐ Original \$
Amended \$	Amended \$	Amended \$	Amended 9
SIGNATURE OF FEE APPR	OVAL	PLEASE PRINT NAME	DATE
Subject to Back Charges: YES NO	Subject to Liquidated Damages: DYES D NO	Type of Insurance Furnished: [A TA 51333 Expiration Undertaking, effective date	
Condition Rider extached: D YES 19 NO		Duplicate policy # Elfective date TA-51318 Engineering Agree	



New York State Thruway Authority

OCCUPANCY PERMIT APPLICATION

See Book	Official Use Only
New	☐ Amended
Occupancy P	ermit Number:
Work Permit	Number:

APPLICANTS: Please read and complete Set Any missing or incorrect info			
Section 1	AT IDENTIFICATION INFOR	/ATIONS	
(Check one):			
☐ Individual Business/Corporation ☐ M	unicipality 🔯 Other (please	describel:	
Name;	Federal ID or S	S#	
FRONTIER COMM OF NEW	<u> </u>	194420) ·
Mailing Address: 145 NORTH Me			
Street	Suite or Apt. No.		P.O. Box
ACIDA MARIE COM	New Y	ock	10950
City/Town/Village Contact Person Name (please print):	State Telephone Number:		Zip Code Fax Number:
William Browne	(B45) 782-2707	ext	(845) 782-9994
	LIDENTIFICATION INFORM	ATION //	
TYPE OF FACILITY (Check one):			FACILITY (Check one):
·	A Other: (please describe):	Undergroup	nd 🖸 Aerial
Gas Mains Cable Television	Figur Opnic	Surface	Bridge Attachment
Sewers Electric Voltage			
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	NEWBURGH		DRAUGE
FACILITY LOCATION DIVISION (Check one): (Use beginning milepost number to make determination	n; see Section 9 for further info	rmation	,
New York 🔲 Albar	ny 🔲 Syracuse	<u> </u>	☐ Buffalo

Section 1 PLEASE READ THOROUGHLY BEFORE SIGNING THE PROPERTY OF THE PROPERTY O

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If You Have Further Questions About This Permit.

Section 5	FOR THRUM	AY USE ONLY	建筑建设设施
Administrative Fee:	Annual Fee required:	Performance Sond:	Security Deposit:
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☐ Amended \$	☐ Amended \$	Amended \$	☐ Amended \$
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Condition Rider statisched:		Duplicate policy #	
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Dated this

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In consideration of the granting of a permit, the undersigned hereby accepts the same subject to the conditions therein described.

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Mennelacer PLEASE PRINT NAME

Section 6	FOR THROWAY USE ONLY	
Permission is hereby granted to Fronte referred to as "permittee") to proceed as particular location described therein in act to the RULES AND REGULATIONS OF TO YORK STATE THRUWAY AUTHORITY CONTENTS and conditions set forth in any CONTENTS and conditions set forth in any CONTENTS.	S set forth and represented in the foreign coordance with the map and/or plan to THE NEW YORK STATE THRUWAY AUDICUPANCY AND WORK PERMIT ACT which are incorporated herein as the DNOITION RIDER and all terms attached	(hereinafter agoing application and at the specific discount of the second of the NEW COMMODATION POLICY bugh fully set forth and to all add hereto.
Dated this OTK	RAMESH PLEASE PRODUCTION	TENTA, PE



New York State Thruway Authority

OCCUPANCY PERMIT APPLICATION

For (Official	Use Only
New		Amended
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Work Permit I	Vumber:	

APPLICANTS: Please read and co	•	•		Section 7. ssing of your application.
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☐ Individual ☑. Business/Corporatio	n 🗆 Municipality	Other (please	j:(edinase) s	
Name: HUDSON VALLEY DATAN	VGT	Federal ID or	ss# 11-194	6422
Mailing Address: Street 100 CORAE		Suite or Apt. No.		P.O. Box
City/Town/Village Mol	JTGOMERY	State	NY_	12549 Zip Code
Contact Person Name (please print):	Teleph	one Number:		Fax Number:
L Si MANDRAS	11873	1567-6362	EXT	
Section 2	FACILITY, IDENTIF	CATION INFORM	ATION	
TYPE OF FACILITY (Check one):			LOCATION OF	FACILITY (Check one):
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☐ Gas Mains ☐ Cable Television	FIBER O	OPTIC.	Surface	Bridge Attachment
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PURPOSE OF APPLICATION (Please provide	se brief description and	location):		
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Write or Call the Thruway Division Checked on the Back of this Application.

If You Have Further Questions About This Permit.

Section 6	FORTH	RUWAY USE ONLY	
Administrative Fee:	Annual Fee required:	Performance Bond:	Security Deposit:
19-YES □ NO	T YES TO	D YES B NO	U YES U-NO-
☑ Original \$ 250.50	Original \$	☐ Original \$	☐ Original 8
Amended \$	_		Amended \$
SIGNATURE OF FEE A	PPROVAL	PLEASE PRINT NAME	DATE
Subject to Back Charges:			
	Subject to Liquidated Damages:	Type of Insurance Furnished:	no trailed
CHYES I NO	Subject to Liquidated Damages:	Type of Insurance Furnished: TA-51333	retion Date CB / Zu O 1
19 YES 12 NO Condition Rider attached:	Damages:	13 TA-51333 13 Expi	retion Date <u>CS / Zo / O /</u>
	Damages:	☐ Undertaking, effective da	iretion Date <u>でと / とい (o)</u>

Section 7

MANDRAS PLEASE PRINT NAME

Application is hereby made by the undersigned in accordance with the map and/or plan hereto attached, and subject to the RULES AND REGULATIONS OF THE NEW YORK STATE THRUWAY AUTHORITY and to the NEW YORK STATE THRUWAY AUTHORITY OCCUPANCY AND WORK PERMIT ACCOMMODATION POLICY (TAP-401) and any CONDITION RIDER or amendments thereto forming a part hereof. This applicant will obtain any other consents or permits that may be necessary to accomplish the purposes set forth above, as it is understood that in granting a permit, the New York State Thruway Authority merely expresses its assent in so far as it is authorized.

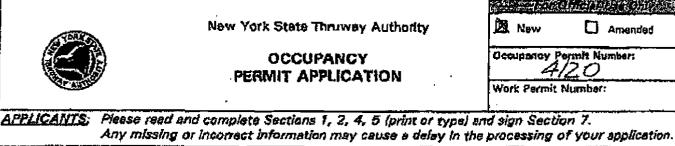
In consideration of the granting of a permit, the undersigned hereby accepts the same subject to the conditions therein described. -

30 Tit day of Yovember 102000

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Section 8: 100 100		THRUWAY USE ONLY	
		OVALLEY DAGA NOT	{hereinafter
		forth and represented in the foreg	
•	•	dance with the map and/or plan the NEW YORK STATE THRUWAY AUT	•
		JPANCY AND WORK PERMIT ACC	
	·	ch are incorporated herein as thou	
terms and condit	ions set forth in any CONDF	TION RIDER and all terms attached	i hereto.
Dated	this 22 no	day of	२००० .
	ok got	SIGNATU	IQA.
	101	RAMESH M	0
	•	D1018100	DIRECTOR

:TA-41337 (2/88) 1 of 4



New York State Thruway Authority

OCCUPANCY PERMIT APPLICATION

Page			
•	New	Permit No	Amended Imberi
	4	Number	

(Check one):	FIGURE OF PRINCE	A's NO VENTARIO		
☐ Individual ☐ Business/Corporation	☐ Municipality	Other (please	describe):	
Nome: Cablevision of Wax	pingers	Federal ID or S	20324	810
vielling Address: Street 38 Rout	' "	Suite or Apt. No.		P.O. Box
	hKill	State /	VΥ	12524
Contact Person Name (please print): Mike Azzone	Telephon	e Number: 447-6557	, , , , , , , , , , , , , , , , , , , ,	Fax Number: 2232

TYPE OF FACILITY Water Mains			(SHIV) (HICES SIVISTED SIVI	LOCATION OF FAC	☐ Aeriei
PURPOSE OF APPL	Electric	ida brief descri	iption and location): along Red	School H	ouse Rd.
under	'84 brid	ge.l	underground	()	

State of the late	and section of the se	
FACILITY LOCATION MILEPOST BOUNDARY Beginning Milepost Number 1844	FACILITY LOCATION CITY/TOWN/VILLAGE beginning milepost to make determination)	PACILITY LOCATION GOUNTY (use baginning milepost to make determination)
Only if longitudinal Include Ending Millapoet Number	FISHKILL	DUTCHESS.
FACILITY LOCATION DIVISION (Check and (Use beginning milepost number to make d): etermination; sas Section 9 for further inform	nation)

TA-41837 (2/96) 2 of 4

Authority lands are devoted to public use. Permits, therefore, are by sufferance and the duration thereof is at the Authority's discretion, regardless of the length of term granted. All permits are, therefore, revocable unilaterally by the Authority. The permittee will maintein all installations permitted hereunder subject to the risk of relocating or removing them at the permittee's own expense, in accordance with the directions of the Authority.

CSI

It is absolutely necessary that the permittee notify the appropriate Thruway Authority Division Director at

least 24 hours before work is started and upon its completion. Similar notification is required in case of any future replacements or repairs.

If you need quick and accurate identification of New York State permits recessary for a complex business venture, use the State's Master Application Procedure by dialing 1-800-342-3464 and describing your plans to the Governor's Office of Regulatory Reform (GORR).

Write or Cell the Thruway Division Checked on the Back of this Application.

If You Have Further Quastions About This Permit.

Section 6	FORTHRUY	Yayi useoneyeyo i	
Administrative Fee:	Annual Fee required:	Periormance Bond:	Security Deposit:
ID YES D NO	□ Yes ™	TO YES CE NO	□ YES 40-NO
13 Original 4 750,00	☐ Original \$	C Original \$	☐ Original \$
Amended 8	☐ Amended 9	Amended \$	☐ Amended \$
APPROVAL (If Applicable):			DATE
SIGNATURE OF FEE APPI	ROVAL	PLEASE PRINT NAME	PA IS
Subject to Back Charges;	Subject to Liquidated Damages:	Type of Insurance Furnished: A-51333 Expiration	
	TYES I NO	Undertaking, effective date	
Condition Rider atteched:		Duplicate policy #	
TYES CY NO	1	Effective date	•
		☐ TA-61318 Engineering Agric	ement

CSI

Becker and the control of the contro	
Application is hereby made by the undersigned in a	ccordance with the map and/or plan herato attached,
and subject to the RULES AND REGULATIONS OF THE	
the NEW YORK STATE THRUWAY AUTHORITY OCCU	PANCY AND WORK PERMIT ACCOMMODATION
POLICY (TAP-401) and any CONDITION RIDER or amer	Í
will obtain any other consents of permits that may be n	·
as it is understood that in granting a permit, the New Y assent in so far as it is authorized.	tick State Thruway Authority merely expresses its
description of the advisitions.	·
In consideration of the granting of a permit, the und	lersigned hereby accepts the same subject to the
conditions therein described.	<u>:</u>
Dated this 200 day of APAIL	70 18 01
x michael Graffellerri	Supervision
MICHOLL DIZONE	(eldes))
PLEASE PRINT NAME	

	THE PROPERTY OF THE PERSON OF		SHIND SHEET S	
Permission is hereby	granted to CABUSUL	SIDN OF	MEZICHEZIER	(hereinafter
referred to as "permit	ttee") to proceed as se	t forth and rep	presented in the foregold	ng application and at the
particular location de	scribed therein in acco	rdance with th	e map and/or plan there	eto attached and subject
to the RULES AND R	EQULATIONS OF THE	NEW YORK S	TATE THRUWAY AUTH	IGRITY and to the NEW
			WORK PERMIT ACCO	
·			•	fully set forth and to all
,		•	and all terms attached t	r
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Dated .	this 974	day of	APRIL	2001
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			PLEASE PRINT	NAME
•			Durcen Die	CCTOR
			VINOTON STATE	700 PI

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New York State Thruway Authority

OCCUPANCY PERMIT APPLICATION

ods a for t	Hinial.	Use Only
⊠ New		Amended
Occupancy P	emit Ni 21	ember:
Work Pennit	Number	

APPLICANTS: Please read and complete Sections 1, 2, Any missing or incorrect information may		•
Section 1. APPLICANT IDENTIFIE	CATION INFORMATIO	NOOME CENTRAL SERVICES
(Check one):		
☐ Individual ☑ Business/Corporation ☐ Municipality	Other (please describe);
Name:	Federal ID or SS#	
Time Warner Cask	59-1353	3813
Muiling Address:		
Mulling Address: Street Inpustrial Dive	Suite or Apt. No.	P.O. Box <i>887</i>
City/Town/Village 17/100/2004 Contact Person-Name (please print): Telephon	State N.Y.	/014/ Zip Code
		Fax Number:
ION From 194	1542-3857 ext	t 1
Section 2 TYPE OF FACILITY (Check one): Water Mains Telephone Other: (please) Gas Mains Cable Television	LOCAT Disa describal: W Un	ION OF FACILITY (Check one): Idergraund
Sawers Electric Voltage		
PURPOSE OF APPLICATION (Please provide brief description and to Highway Bare For The woder, appre Captes Widen Rouse 84, (See Armeled May) WAWAY		ent of Four
TOTAL CHARLES DAVIEW NOTE OF	1 4 5 C X	
(See Armeled may) WAWAY	ANDA AVE	
Seation 3 FOR THRUW		
FACILITY LOCATION MILEPOST BOUNDARY FACILITY LOCATION C	TY/TOWN/VILLAGE FAC	ILITY LOCATION COUNTY

Section 3	FOR THRUWAY USE ONLY	
Baginning Milepost Number 184- 12,73	FACILITY LOCATION CITY/TOWN/VILLAGE lust beginning milepost to make determination)	FACILITY LOCATION COUNTY (use beginning milepost to make determination)
Only if longitudinal include Ending Milepost Number	AOWHAWAA	ormge
FACILITY LOCATION DIVISION (Check one (Use beginning milepost number to make de	l: etermination; see Section 9 for further inform	noite

Seption 7

Section 7 APPLICANT AFFIRMATION

Application is hereby made by the undersigned in accordance with the map end/or plan hereto attached, and subject to the RULES AND REGULATIONS OF THE NEW YORK STATE THRUWAY AUTHORITY and to the NEW YORK STATE THRUWAY AUTHORITY OCCUPANCY AND WORK PERMIT ACCOMMODATION POLICY (TAP-401) and any CONDITION RIDER or amendments thereto forming a part hereof. This applicat will obtain any other consents or permits that may be necessary to accomplish the purposes set forth abover as it is understood that in granting a permit, the New York State Throway Authority merely expresses its assent in so far as it is authorized.

In consideration of the granting of a permit, the undersigned hereby accepts the same subject to the conditions therein described.

e took of	PZZA EASE PRINT NAME		
Seculor 8		OR THRUWAY USE ONLY	
Permission is her referred to as "p particular locatio to the RULES AN YORK STATE TH (TAP-401) and a	reby greated to Tine ermittee") to proceed as a n described therein in according to TH IRUWAY AUTHORITY Of any amendments thereto a lions set forth in any COM	SET FORTH AND TABLES SET FORTH AND REPRESENTED IN THE COUPANCY AND WORK PERM Which are incorporated harein a NOTION RIDER and all terms a	thereinafter a foregoing application are plan thereto attached and AY AUTHORITY and to the IIT ACCOMMODATION I as though fully set forth attached hereto.
Dated ·	this 30_{+}	n day of APRIL	
ok	9 24/301	RAMESH	SIGNATURE MENTA, PE
		DIVISION	DIRECTOR

Dated this

Section 7

PLEASE PRINT NAME

Application is hereby made by the undersigned in accordance with the map end/or plan hereto attached, and subject to the RULES AND REGULATIONS OF THE NEW YORK STATE THRUWAY AUTHORITY and to the NEW YORK STATE THRUWAY AUTHORITY OCCUPANCY AND WORK PERMIT ACCOMMODATION FOLICY (TAP-401) and any CONDITION RIDER or amendments thereto forming a part hereof. This applicant will obtain any other consents or permits that may be necessary to accomplish the purposes set forth above, as it is understood that in granting a permit, the New York State Thruway Authority merely expresses its assent in so far as it is authorized.

In consideration of the granting of a permit, the undersigned hereby accepts the same subject to the conditions therein described.

(aidesitaes is)

Section 8	FOR THRUWA	Y USE ONLY	
Permission is hereby granted referred to as "permittee") to particular location described to the RULES AND REGULAT YORK STATE THRUWAY AU (TAP-401) and any amendmenterms and conditions set forted	proceed as set forth and therein in accordance wit FIONS OF THE NEW YOR JTHORITY OCCUPANCY A ents thereto which are inc	represented in the fore h the map and/or plan t K STATE THRUWAY AN AND WORK PERMIT AC corporated herein as the	thereto attached and subject UTHORITY and to the NEW CCOMMODATION POLICY bugh fully set forth and to all
t .	30 _{TFI} day o	APRIL	: 2041.
OK 9 7/20/01		RAMESH M	ENTA, PE
		DIVISION J) LECTOR



New York State Thruway Authority

OCCUPANCY PERIVIT APPLICATION

The Fort)fficial-	Use Only 🔭				
50 Nëw		Amended				
Occupancy Permit Number: 4122						
Work Permit	Number	!				

APPLICANTS: Flease read and complete Sections 1, 2, 4, 5 (print or type) and sign Section 7.

Any missing or incorrect information may cause a delay in the processing of your application.

Any missing of incorrect information may cause a delay	in the processing of your application.				
Section 4	WATION SOLD WEST CONTROL OF THE STATE OF THE				
(Check one):	CHIPMON TO THE CONTRACT OF THE				
☐ Individual ☑ Business/Corporation ☐ Municipality ☐ Other Ipleaso	describe):				
Name: Federal ID or S					
Time Warner Caste 59-	1353813				
Mailing Address:	_				
Street INDUSTRIAL De Suite or Apt. No.	P.O. Box 887				
City/Town/Village MIDD Krown State Contact Person-Name (please print): Telephone Number: 1914 1542-3857	N.Y. 10941 Zip Code				
Contact Person-Name (please print): Telephone Number:	Fax Number:				
194 1542-3857	ext				
Section 2 FACILITY IDENTIFICATION INFORM	ATION				
TYPE OF FACILITY (Check one):	LOCATION OF FACILITY (Check one):				
☐ Water Mains ☐ Telephone ☐ Other: (please describe):	☑ Únderground ☐ Aerial				
Gas Mains A Cable Television	Surface Bridge Attachment				
☐ Sewerx ☐ Electric Voltage					
PURPOSE OF APPLICATION (Please provide brief description and location):					
Highway Boxe For The underground PE	mement on Free				
optie Cooles Under Rose 84, Away	CP 83.				
Optic Cristes Under Rose 84; Away of (-See Armehed May)					
Section 3 FOR THRUWAY USE ONLY					
FACILITY LOCATION MILEPOST BOUNDARY FACILITY LOCATION CITY/TOWN/VILLAGE (use beginning milepost to make determination					
leginning Milepost Number 184-2083					
Only if longitudinal include Ending Milapost Number	ORANGE				
FACILITY ECCATION DIVISION (Check one): (Use beginning milepost number to make determination; see Section 9 for further information)					
X New York Albany Syracus	e 🔲 Buffalo				

petion 4 PLEASE READ THOROUGHLY BEFORESIGNING

Authority lands are devoted to public use. Permits, therefore, ere by sufferance and the duration thereof s at the Authority's discretion, regardless of the length of term granted. All permits are, therefore, evocable unilaterally by the Authority. The permittee will maintain all installations permitted hereunder ubject to the risk of relocating or removing them at the permittee's own expense, in accordance with the lirections of the Authority.

action 5

It is absolutely necessary that the permittee notify the appropriate Thruway Authority Division Director at sest 24 hours before work is started and upon its completion. Similar notification is required in case of any uture replacements or repairs.

If you need quick and accurate identification of New York State permits necessary for a complex business anture, use the State's Master Application Procedure by dialing 1-800-342-3464 and describing your plans the Governor's Office of Regulatory Reform (GORR).

> Write or Call the Thruway Division Checked on the Back of this Application. If You Have Further Questions About This Permit.

aution 6	FOR THRU	WAY USE ONLY	
dministrative Fee:	Annual Fee required:	Performance Bond:	Security Deposit:
X YES D NO	☐ YES X NO	□ YES 1 NO	□ YES IN NO
I Original 9 750.50	Original 6	☐ Original \$	Original 8
] Amerided \$	☐ Amended \$	☐ Amended \$	☐ Amended \$
SIGNATURE OF FEE AP	PROVAL.	PLEASE PRINT NAME	DATE
ubject to Back Charges:	Subject to Liquidated Damages: YES D NO	Type of Insurance Furnished: \$\frac{1}{2}\$ TA-51333	OU FILE 093990
ondition Rider strached:		Duplicate policy #	,

Dated this

cition 7

LEASE PRINT NAME

Application is hereby made by the undersigned in accordance with the map and/or plan hereto attached, and subject to the RULES AND REGULATIONS OF THE NEW YORK STATE THRUWAY AUTHORITY and to the NEW YORK STATE THRUWAY AUTHORITY OCCUPANCY AND WORK PERMIT ACCOMMODATION POLICY (TAP-401) and any CONDITION RIDER or amendments thereto forming a part hereof. This applicant will obtain any other consents or permits that may be necessary to accomplish the purposes set forth above, as it is understood that in granting a permit, the New York State Thruway Authority merely expresses its assent in so far as it is authorized.

In consideration of the granting of a permit, the undersigned hereby accepts the same subject to the conditions therein described.

Section 8	FOR THRUWAY USE ONLY				
Permission is hereby granted to TIMEKARNER CABLE (hereinafter referred to as "permittee") to proceed as set forth and represented in the foregoing application and at the particular location described therein in accordance with the map and/or plan thereto attached and subject to the RULES AND REGULATIONS OF THE NEW YORK STATE THRUWAY AUTHORITY and to the NEW YORK STATE THRUWAY AUTHORITY OCCUPANCY AND WORK PERMIT ACCOMMODATION POLICY (TAP-401) and any amendments thereto which are incorporated herein as though fully set forth and to all terms and conditions set forth in any CONDITION RIDER and all terms attached hereto.					
Dated this	30 TH day of APRIL	2601.			
OF 9 OH ABOJOI	SIGNA	TURE 1ENTA PE			
	Division 1	LE RECTOR			